

Form P1

**COMBINED DECLARATION and POWER OF ATTORNEY**  
(Utility, Design, National Stage of PCT)

As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type:

*(Check one applicable item below)*

- ☒ utility patent application  
☐ design patent application  
☐ national stage of PCT patent application

**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION<sup>2</sup>**

DIGITAL INTERACTIVE DELIVERY SYSTEM FOR TV/MULTIMEDIA/INTERNET

**SPECIFICATION IDENTIFICATION**

the specification of which:

*(complete (a), (b), or (c))*

- (a) ☒ is attached hereto.
- (b) ☐ was previously filed \_\_\_\_\_, as United States Patent Application Serial No. \_\_\_\_\_.
- (c) ☐ was described and claimed in PCT International Application No. \_\_\_\_\_ filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_ (*if any*).

**ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

[illegible]

APPLICATION NO.	DATE OF FILING (month, <b>day</b> , year)
60/088,135	06/04/1998

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## DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

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